	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BLDG: _	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/05/2023		
	VIDER OR SUPPLIER: R PITTSBURGH SURGERY	39C0001369 Y LLC	1675 STATE I	DDRESS, CITY, STATE, ZIP CODE:					
STATE LICENSE NUMBER: 24911501			JEFFERSON	HILLS, PA	15025				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE			
S 0000	This report is the result Provisional Licensure s and 5, 2023, at Greater was determined the fac with the requirements of Department of Health's Ambulatory Care Facil IV, Subparts A and F, 6 November 1999.	survey conducted on Pittsburgh Surgery sility was not in com of the Pennsylvania s Rules and Regulati lities, Annex A, Title	May 4 LLC. It pliance ons for	S 0000					
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001369		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 05/05/2023	EY
GREATER			CTION (EACH	(X5)			
PREFIX TAG		MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH PREFIX TAG CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE DATE			
S 0003	Continued from page 1 51.3 (a) Notification 51.3 Notification (a) A health care facility sh writing at least 60 days pric commencement of a health previously provided at that a This REGULATION is not	or to the intended care service which has facility.		S 0003	HOW DEFICIENCY WILL CORRECTED & HOW THI FACILITY WILL ACT TO PATIENTS IN SIMILAR SITUATIONS: GPS ceased services for pace implants, pacemaker battery changes, defibrillator implant defibrillator batter changes, recorder implants, and loop to battery changes 5/5/2023. A list of approved procedures a codes that were submitted in original DAAC AC-20 form created and posted in the schareas for reference and scheowill be educated. A standard meeting minute template that includes a discussion of any policy/procedures or change operations or revisions to policy/procedure under the "business" will be amended to include the statement "new serequire a 60-day notification DOH (please refer to the manof currently approved procedone were procedures will be approved procedone were procedures will be approved procedone.	emaker nts, loop recorder a master and CPT n the a was neduling dulers dized at new a in 'new o services a to the aster list dures)."	Completion Date: 05/25/2023 Status: APPROVED Date: 06/22/2023

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			PLE CONSTRUCTION:	COMPLETED:	
		39C0001369			<u>00</u>	05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0003	Continued from page 2			S 0003	the Governing Body. The Fa Administrator will notify the Department in writing at least days prior to the intended commencement of a health of service which has not been previously provided. Notifications to DOH will be in binder. MEASURES TO ENSURE PROBLEM DOES NOT RE Clinical Manager will audit to ensure only approved produce are scheduled. DON will aud notifications binder monthly compare with Governing Bo meeting minutes to ensure discussion of new procedure a 60 day notification to the Enthe Facility Administrator. A will begin 06/20/2023. MONITORING OF PERFORMANE SOLUTION SUSTAINED: Auditing will continue month	e placed CUR: monthly cedures dit DOH and ard s have DOH by cuditing RMANCE DNS ARE	

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	OF DEFICIENCIES AND RECTION (POC)	identification number: 39C0001369		A. BLDG: _	00	COMPLETED: 05/05/2023	3.1
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGERY SE NUMBER: 24911501	YLLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0003	Continued from page 3	consecutive compliance then occur. DATE OF		100% compliance is attained consecutive months. Once compliance is attained auditi then occur every 6 months. DATE OF COMPLETION: 07/15/2023			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001369			00	05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0003	Continued from page 4 Based on a review of fa	acility documentatio	n and	S 0003			
	interview (EMP), it wa	cility failed					
	to notify the Departme health care services tha						
	provided by this facilit						
	Finding include:						
	On May 4, 2023, a list of facility provided procedures was requested. The list included pacemaker implants, pacemaker battery changes defibrillator implants, defibrillator battery changloop recorder implants, and loop recorder batter changes.		anges, changes,				
	During an interview on May 4, 2023, at 10:30 AM EMP2 confirmed that the facility began providing pacemaker and defibrillator procedures in September 2022, and the loop procedures around February-March of 2023, and that the facility had no documentation to show that the Department wa		oviding around ity had				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	ΞY
		39C0001369		B. WING: _		05/05/2023	
GREATER	NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501			CITY, STATE, Z RT 51 HILLS, PA			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE #	OULD BE	(X5) COMPLETE DATE	
S 0003	Continued from page 5			S 0003			
	notified of the new hea	lth care services.					
S 0014				S 0014			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001369		A. BLDG:	IPLE CONSTRUCTION: 00	(X3) DATE SURV COMPLETED: 05/05/2023	D:	
GREATEI	OVIDER OR SUPPLIER: R PITTSBURGH SURGER' SE NUMBER: 24911501	Y LLC	STREET ADDRESS 1675 STATE JEFFERSON	RT 51				
(X4) ID PREFIX TAG	MUST BE PRECEEDI	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHORES CROSS-REFERENCED TO THE ACTION THE ACTION OF THE ACTION	OULD BE	(X5) COMPLETE DATE	
S 0014	Continued from page 6 51.3 (I) Notification 1.3 Notification (I) A health care facility may of new health care services new beds until it has been in it is in compliance with all I. This REGULATION is not	or provide services in nformed by the Departm licensure requirements.		S 0014	HOW DEFICIENCY WILL CORRECTED & HOW THE FACILITY WILL ACT TO PATIENTS IN SIMILAR SITUATIONS: GPS ceased services for pace implants, pacemaker battery changes, defibrillator implant defibrillator batter changes, recorder implants, and loop battery changes on 5/5/2023 New services will be approve the Governing Body and the Administrator will notify the Department in writing at lead days prior to the intended commencement of a health commenceme	emaker hts, loop recorder red by Facility est 60 care e placed tion the oration in the h all tions new	Completion Date: 05/25/2023 Status: APPROVED Date: 06/22/2023	
					service will be placed in the	binder.		

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001369		A. BLDG: _	PLE CONSTRUCTION: (X3) DATE SU COMPLETED: 05/05/2023		ΞY
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER' EE NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0014	Continued from page 7			S 0014	New services will not communtil DOH approval received MEASURES TO ENSURE PROBLEM DOES NOT REDOH will review "notification DOH binder monthly to ensure communication between the and the facility regarding the scheduling of an occupancy is occurring. Auditing of the will occur monthly beginnin 06/20/2023 until 100% complass been achieved for 3 month MONITORING OF PERFOTO MAKE SURE SOLUTION SUSTAINED: Once compliance has been a auditing will be decreased to months. DATE OF COMPLETION: 07/15/2023	d. CCUR: cons to ure DOH esurvey binder g pliance tths. RMANCE ONS ARE	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001369		B. WING: 05/05/2023			
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		Y LLC	STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0014	Continued from page 8	onility do aumontatio	n and	S 0014			
	Based on a review of fastaff interview (EMP),						
	failed to obtain approve		-				
	to commencing with th	•	•				
	services.						
	Findings include:						
	On May 4, 2023, while noted that a procedure chamber pacemaker in February 23, 2023. It is facility provided procedure included pacemaker in changes, defibrillator in changes, loop recorder battery changes.	on a list of The list eattery r battery					
	During an interview on EMP2 was asked for ex survey was completed the facility commencin	vidence that an occu by the Department p	pancy prior to				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001369		B. WING: _		05/05/2023	
GREATER	VIDER OR SUPPLIER: RPITTSBURGH SURGER E NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENC' MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0014	pacemaker implants, pacemaker battery changes, defibrillator implants, defibrillator battery changes, loop recorder implants, and loop recorder battery changes. EMP2 confirmed that an occupancy survey was not requested by the facility. Further interview confirmed that the facility began providing the pacemaker and defibrillator procedures in September, 2022, and the loop procedures around February-March of 2023.		S 0014				
S 033J				S 033J			

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-	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	EY
		39C0001369			00	05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033J	adequately support sound patient care to include	ponsibilities include: anel policies and practice e, the following: for positions requiring a fter obtaining verification	licensed on of	S 033J	HOW DEFICIENCY WILL CORRECTED & MEASUR ENSURE PROBLEM DOES RECUR: GPS Administrative policy # under the section "Positions requiring a license" states, "Applicants for positions reglicensed person shall be hired after obtaining verification of licenses, records of education verification of references" we amended to state, "Applicant positions requiring a licensed shall be hired only after obtain verification of their licenses, of education and written references for licensed personnel Files," section 1, we amended to include "written references for licensed person Amending the Administrative and table of contents checklicensure moving forward all lipersonnel will have written references.	ES TO S NOT #330 quiring a d only of their n and ill be ts for d person inining records erences" 1.3, 8 (ii). will be onnel." re policy st will	Completion Date: 05/25/2023 Status: APPROVED Date: 05/31/2023

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED:	
		39C0001369		B. WING:	<u>w</u>	05/05/2023	
GREATER	NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033J	Continued from page 11			S 033J	MONITORING OF PERFO TO MAKE SURE SOLUTION SUSTAINED: Prior to a new employee being the file will be reviewed for completeness by both the DO Facility Manager to ensure a required documents are includave been verified. Employed will also be reviewed for completeness by the Facility Manager at the time of the and employee performance reviewed for completeness by the Facility Manager at the time of the and employee performance reviewed for completeness by the Facility Manager at the time of the and employee performance reviewed for completeness.	ONS ARE ng hired ON and Il uded and be files nnual sw.	

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	ATEMENT OF DEFICIENCIES AND AN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIEF IDENTIFICATION NUMBI			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001369		B. WING:		05/05/2023	
GREATER	VIDER OR SUPPLIER: PITTSBURGH SURGER E NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033J	Based on a review of files (PF), and staff interested that the factor references for licensed personnel files reviewed. Findings include: A review of the facility 11:00PM, revealed no references for licensed.	erviews (EMP), it was sility failed to obtain employees for four ed (PF3, PF6, PF10, v's policies on 5/4/20 policy regarding wri	as written of four PF11).	S 033J			
	A review of PF3 on 5/4/2023, at 11:30PM, revealed that the licensed staff began employn the facility on 11/22/2021. Further review reventhat no written references were obtained for Planck A review of PF6 on 5/4/2023, at 11:32PM,		oyment at revealed r PF3.				
	revealed that the licens	sed staff began emplo	oyment at				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001369		B. WING: _		05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER' SE NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033J	the facility on 4/21/202 that no written reference. A review of PF10 on 5 revealed that the license the facility on 3/9/202 that no written reference. A review of PF11 on 5 revealed that the license the facility on 5/13/202 that no written reference the facility on 5/13/202 that no written reference that the policy regarding written facility did not obtain when personnel employed by	2/4/2023, at 11:35PM and staff began employed. Further review reviews were obtained for a 5/4/2023, at 11:45PM and staff began employed. Further review reviews were obtained for a 5/4/2023, at 11:45PM and the facility did not have references and that written references for	r PF6. I, oyment at realed r PF10. I, oyment at evealed r PF11. PM, ave a t the	S 033J			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001369		B. WING:			
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033J	Continued from page 14			S 033J			
S 033K				S 033K			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIE IDENTIFICATION NUMB 39C0001369				(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/05/2023		
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS, CITY, STATE, ZIP CODE: 1675 STATE RT 51 JEFFERSON HILLS, PA 15025					
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 033K	adequately support sound patient care to include	consibilities include: nnel policies and practice e, the following: cords shall include current odic work performance		S 033K	HOW DEFICIENCY WILL CORRECTED & MEASUR ENSURE PROBLEM DOES RECUR: GPS Administrative policy # be amended to include a sectitled "performance evaluation comply with PA code 553.3, regarding periodic work perfevaluations. The policy will state that the employee will receive an ame evaluation during the first quanties that the ealendar year. To ensure that the evaluation occur a daily electronic remise scheduled on the calendar Manager and the Facility Administrator. MONITORING OF PERFO TO MAKE SURE SOLUTION SUSTAINED: At the end of the first quarte calendar year employee files reviewed for completeness buthe Facility Administrator are	#330 will tion ons." to , 8 (iii) formance nual harter of a will inder will rs of the MANCE ONS ARE	Completion Date: 05/25/2023 Status: APPROVED Date: 05/31/2023	

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PLAN OF CORRECTION (POC)	identification number 39C0001369		A. BLDG:	G:00 05/05/2023		
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SUR STATE LICENSE NUMBER: 24911501	GERY LLC	STREET ADDRESS, O 1675 STATE R JEFFERSON I	T 51			
PREFIX MUST BE PR	EMENT OF DEFICIENCIES (EACH DE ECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033K Continued from page	:16		S 033K	Facility Manager to ensure a employees have an annual evaluation. A calendar remin first 2 weeks of April will be electronically to the DON an Facility Manager. Date of completion: 06/16/20	der the sent d	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
39C0001369					00	05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 033K	Continued from page 17			S 033K			
	Based on a review of fa files (PF), and staff into determined that the fact work performance eval personnel files reviewe	erviews (EMP), it weility failed to complute luations for three of	as ete annual				
	Findings include:						
	A review of the facility 12:05PM, revealed no performance evaluation EMP1 on 5/4/2023, at that performance evaluannually.	policy regarding emns. During an intervi 12:10PM, it was exp	ployee lew with plained				
	A review of PF3 on 5/4 revealed that the emploisment of 11/22/2021. Further revealed that the emploisment of the performance evaluation	oyee started at the fa eview of the personn oyee did not receive	cility on el file				

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
		39C0001369		1	<u></u>	05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033K	A review of PF5 on 5/4 revealed that the employer revealed that the employer formance evaluation. A review of PF7 on 5/4 revealed that the employer formance evaluation. A review of PF7 on 5/4 revealed that the employer every e	dyee started at the faview of the personne byee did not receive in in 2022. 4/2023, at 12:25PM, byee started at the faview of the personne byee did not receive in in 2022. 1. 5/4/2023, at 12:30F the facility did not have mance evaluations be evaluations on an aneed that PF3, PF5, and and the the results of the facility did not have a second of the personne by the facility did not have mance evaluations on an aneed that PF3, PF5, and	cility on I file a cility on I file a PM, ave a out that nual basis. d PF7	S 033K			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
		39C0001369		B. WING: _		05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501			STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033K	Continued from page 19			S 033K			
S 331B				S 331B			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
		39C0001369			<u>vv</u>	05/05/2023	
GREATER STATE LICENS (X4) ID		OF DEFICIENCIES (EACH DE		RT 51 HILLS, PA		CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDI IDENTI	R LSC	PREFIX TAG	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A		COMPLETE DATE	
S 331B	Continued from page 20 553.31 (b) Administrative R 553.31 Management and Administrative Responsible (b) Administrative controls shall be established to assure the orderly and eff. This REGULATION is not	dministration of Operationsibilities e policies, procedures are l, documented and imple icient management of the	nd emented	S 331B	HOW DEFICIENCY WILL CORRECTED: Prescription pads - GPS polic CM2-017 Prescription Pad S will be amended to include, prescription will be numbered log created listing the date, pure name, and medication that will prescribed. 2. The prescription log will be checked daily dure days of operation by the person does the crash cart check. Crash cart - a plastic tamper seal locking the crash cart had placed. During the inspection crash cart that occurs daily down days of operation, if the seal broken a complete inspection cart and an inventory of medicant and supplies will be complete checks of the crash cart include fibrillator, O2, and suction equipment. An inventory list of medication supplies with dates of expiral been created. The first operation of every month the person responsible for the daily crash.	cy lecurity 1. Each ed and a leatient ras on pad ring the son who leas been of the luring is of the lications licati	Completion Date: 05/26/2023 Status: APPROVED Date: 06/22/2023

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	ΞY
		39C0001369				05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 331B	Continued from page 21			S 331B	check will examine the list at medications/supplies are due expire within the month the cart will be opened and the it removed and replaced and the expiration date updated on the and a new tamperproof seal pullocked medication refrige locksmith has been contracted place a lock on the medication refrigerator in the clean support the key for the refrigerator where the polymer of medications of the place alock on the medication refrigerator in the clean support he key for the refrigerator where the polymer of medications of the place alock on the medications of the place alock on the medications of the place alock on the medications of the refrigerator where a been certain dependent of the place of th	e to crash tem(s) ne ne list placed. erator - A ed to on oly room. will be gnee in A list of This list the first by the expire e S policy g Vials, nat ges or an the	
PREFIX TAG	IDENTI		R LSC		check will examine the list a medications/supplies are due expire within the month the cart will be opened and the it removed and replaced and the expiration date updated on the and a new tamperproof seal pullocked medication refrige locksmith has been contracted place a lock on the medication refrigerator in the clean support The key for the refrigerator with the pool of the redsease of the place and the expiration of the refrigerator with the pool of the redsease of the place and the expiration of the refrigerator with the pool of the redsease of the place of the place of the place of the refrigerator with the place of	and if any to to crash tem(s) the list placed. terator - A ted to to to to the list placed. trator in the first to the fir	COMPLET

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	TEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY OF CORRECTION (POC) IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED:		EY				
		39C0001369			00	05/05/2023	
	DER OR SUPPLIER: PITTSBURGH SURGERY RUMBER: 24911501	/ LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI D BY FULL REGULATORY OF YING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 331B C	Continued from page 22			S 331B	and will be discarded immedupon discovery." Education to all GPS staff (eindependent physicians, and contracted anesthesia) on the policies and processes will be completed by 07/15/2023. MEASURES TO ENSURE PROBLEM DOES NOT RE Weekly auditing by the DON Crash cart log and the invent of medications will begin on 06/20/2023 and continue for months. The Medication ref will also be inspected weekly DON to monitor if it is locked audits will continue until 100 compliance has been reached. MONITORING OF PERFORM auditing will continue until 13 months is reached. Once the occurs monitoring will be deto every 6 months. The DON ultimately responsible for the	comployed, complete the complet	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	R:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001369		B. WING: 05/05/2023			
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		Y LLC	STREET ADDRESS, 1675 STATE R JEFFERSON I	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 331B	Continued from page 23			S 331B	DATE OF COMPLETION: 07/15/2023		

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
39C0001369					00	05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501			STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 331B	Continued from page 24		S 331B				
	Based on a review of fa observations and staff		was				
	determined the facility	` ' '					
	procedures were establ	-					
	safe handling and admi	-					
	Findings include:						
	On May 5, 2023, a revititled, "Prescription Paddate of January 20, 202" "Procedure:C. Any mads/forms must be im Medical Director and a An investigation is per	o the					
	On May 5, 2023, a polimedications was reque						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			I ' '		(X3) DATE SURVI COMPLETED:	EΥ	
39C0001369				A. BLDG: _ B. WING: _		05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
On Ca rev Th will the exp car at a B. (th Bo will con and exp each for con desi	n May 5, 2023, a reviewed January 20, 2 ne crash carts contained libe locked by a tame drugs contained the epiration dates will be ret. II. Procedure: A. Tall times when the property and the drugs of	quipment Policy," da 023, revealed, "I. Poling emergency med oper proof seal and a prein along with their posted on the outsing the crash cart will be recedure room is not applies contained in State and/or Accredity with their expiration at the drugs/s that meets or exceed by guidelines) along a posted on the outsing the drugs on the outsing the drugs of	ate olicy: ications list of r de of the e locked in use. each cart iting n dates supplies ds State with their de of k this list A	S 331B			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	R:			(X3) DATE SURVEY COMPLETED:	
39C0001369					00	05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		Y LLC	STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 331B	expiration date on the of tamper proof seal on the that the cart has been used to broken or found open, perform a complete insumpersorm a complete insumpersorm acomplete insumpersorm according to the control of the co	racked. E. In the every sed, or the lock has be a designated person spection of the cart	arug list ent that been will " btion on them the rveyor MP3	S 331B			

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:				IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY	
39C0001369					00	05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 331B	Continued from page 27			S 331B			
	On May 4, 2023, at 12 EMP3 how the facility prescription sheets mis EMP3 confirmed they keep track."	e were s and					
	On May 4, 2023, at 12 unlocked clean supply medication refrigerator including precedex, su recuronium bromide, a	room revealed an un that contained med ccinylcholine, atrop	nlocked ications				
	During an interview on May 4, 2023, at 12 EMP3 confirmed that both the room as we refrigerator containing the above medication not locked.		ll as the				
	On May 4, 2023, at 12 observed to be unlocked						

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
39C0001369		39C0001369			_00	05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 331B	Continued from page 28 closed in the PACL are	e lock	S 331B				
	closed in the PACU area with the key in the lock. The cart also lacked a drug inventory list.						
	During an interview on May 4, 2023, at 12:30 PM, EMP3 confirmed that the facility keeps the crash cart unlocked and "we keep the key in the lock," in						
	case we need to use the Further interview confi keep an inventory list of	irmed that the facilit	y does not				
	the cart. A list of these of the facility, none wa	medications was rec					
	On May 4, 2023, at 12:30 PM during the tour of the facility, an unlocked crash cart was observed contain on 100ml bag of Sodium Chloride 0.9% with an expiration date of June 2022, and a 1000 bag of Sodium Chloride 0.9% with an expiration date of February 2023.		erved to 0.9% a 1000ml				
	During an interview at	the time of the obse	rvation,				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
39C0001369						05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 331B	EMP3 confirmed that to expired. EMP3 was as person responsible for there wasn't one. On May 4, 2023, at 12: the facility, the unlocked containing the unlocked observed to have a ziple labeled Precedex 200mr 21, 2023, a predrawn some Succhinylcholine 20mr and a predrawn syringed undated. During an interview at EMP3 revealed she did pre-drawn medications. Further interview with had no policy on the premedications. The unlocked in the present of the pre	ked who was the deathe crash cart and shape the crash cart and shape the clean supply room deather that contain a cg/100ml dated February 15, a labeled Atropine 1 the time of observation't know how those and up in the refrection of an estimate the confirmed the certain of the	our of n rator was ned a bag oruary 2023, 25ml ion, expired rigerator. e facility sthesia	S 331B			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			COMPLE		(X3) DATE SURVI COMPLETED:	EY	
		39C0001369		A. BLDG:00 B. WING:			
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS. 1675 STATE I JEFFERSON	RT 51		•	
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 331B	Continued from page 30 also contained a box containing 9 vials of			S 331B			
	Recuronium Bromide 50ml/5ml with an expiration date of May 1, 2023.						
G 52P0	During an interview at the time of observation, EMP3 confirmed the medications were expired. When asked to provide a copy of the facility inventory or formulary of medications, EMP3 confirmed the facility doesn't maintain a formulary of an inventory of medications.		pired. ty IP3				
S 53B0				S 53B0			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		1 ' '		(X3) DATE SURV COMPLETED:	X3) DATE SURVEY COMPLETED:	
		39C0001369			<u></u>	05/05/2023		
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51				
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 53B0	Continued from page 31 555.3 (b) Requirements Privileges granted shall reflutilization review programs, surgery. This REGULATION is not	, or both, specific to amb		S 53B0	HOW DEFICIENCY WILL CORRECTED: A policy for Surgical case and Utilization review will be deed to define the data being mone and discuss its use in monitor quality, patient safety, and preview for recredentialing. Of Medical staff as well as those thorough the credentialing provided with educate the policy and the inclusion of review data on the credentialing/recredentialing process. MEASURES TAKEN TO E PROBLEM DOES NOT REPORT IN THE PROBLEM DOES NOT PERFORM IN THE PERFORM DOES NOT PERFORM IN THE PERFORM DOES NOT PERFORM IN THE PERFORM DOES NOT PERFORM D	veloped itored ring beer furrent e going rocess ion on of peer MSURE CUR: g & sew data. RMANCE: al ems	Completion Date: 05/26/2023 Status: APPROVED Date: 06/20/2023	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001369		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		YLLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53B0	Continued from page 32			S 53B0	reappointment at the time of appointment and biannually. DATE OF COMPLETION: 07/15/2023		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER					(X3) DATE SURVI COMPLETED:		
39C0001369						05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501			STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTOR SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53B0	Based upon a review o staff interview (EMP), facility failed to includ and/or utilization revie privileges granted for reviewed (CF1, CF2, CCF8, and CF9). Findings include: On May 4, 2023, A revithe practitioner had been medical staff on 03/01/evidence in the file that review had been considered to medical staff on 03/01/evidence in the file that review had been considered to medical staff on 03/01/evidence in the file that review had been considered to medical staff on 03/01/evidence in the file that review had been considered to medical staff on 03/01/evidence in the file that review had been considered to medical staff on 03/01/evidence in the file that review had been considered to staff on 03/01/evidence in the file that review had been considered to staff on 03/01/evidence in the file that review had been considered.	it was determined the the results of peer win determination on the of nine credentice. CF3, CF4, CF5, CF6, CF3, CF4, CF5, CF6, CF6, CF6, CF6, CF6, CF6, CF6, CF6	nat the review of all files , CF7,	S 53B0			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:					(X3) DATE SURVI COMPLETED:		
	39C0001369					05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501			STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53B0	Continued from page 34 process. On May 4, 2023, A revelopmedical staff on 03/01/evidence in the file that review had been considerable process. On May 4, 2023, A revelopmedical staff on 03/01/evidence in the file that review had been considerable process. On May 4, 2023, A revelopmedical staff on 03/01/evidence in the file that review had been considerable process. On May 4, 2023, A revelopmedical staff on 03/01/evidence in the file that review had been considerable process.	en reappointed to the 2023. There was no t peer review and/or dered in the reappoint view of CF4 revealed en reappointed to the 2023. There was no t peer review and/or dered in the reappoint view of CF5 revealed en reappointed to the 2023. There was no t peer review and/or the 2023. There was no t peer review and/or the 2023.	e facility utilization ntment d that e facility utilization ntment d that e facility utilization utilization	S 53B0			
	p100033.						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
		39C0001369				05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53B0	On May 4, 2023, A revelopment the practitioner had been			S 53B0			
	the practitioner had been reappointed to the facility medical staff on 03/01/2023. There was no evidence in the file that peer review and/or utilization review had been considered in the reappointment process.						
	On May 4, 2023, A review of CF7 revealed that the practitioner had been reappointed to the facility medical staff on 03/01/2023. There was no evidence in the file that peer review and/or utilization review had been considered in the reappointment process.						
	On May 4, 2023, A revelopment the practitioner had been medical staff on 03/01/evidence in the file that review had been considerable process.	en reappointed to the /2023. There was no t peer review and/or	e facility utilization				

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001369			00	05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER E NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFINITION OF MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 53B0	On May 4, 2023, A revithe practitioner had be medical staff on 03/01/evidence in the file that review had been considerable. On May 5, 2023 at 9:4 neither peer review or presented or discussed process.	en reappointed to the /2023. There was no at peer review and/or dered in the reappoint ram, EMP2 confirm utilization review ha	e facility tutilization ntment ned that	S 53B0			
S 53D1				S 53D1			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00_		(X3) DATE SURVEY COMPLETED:	
		39C0001369				05/05/2023	
GREATEI	OVIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53D1	established policies and pro rules and regulations the pr following.	inical privileges shall for cedures in the bylaws or occdures shall provide the ecord of the application ed. The delineation "clinestalministration of anestical administration of anestical	llow r similar he n, which	S 53D1	HOW DEFICIENCY WILL CORRECTED: GPS Medical Staff Bylaws, Section "B," item #1 will be to include podiatry. The sent will read, "Hold a valid licer issued by the Commonwealt Pennsylvania to practice medicine, osteopathy, podiat medicine." The methodology for amend bylaw, per the GPS Medical Bylaws, Article 10 "Amends states that, "Proposed amend to or repeals of existing Byla proposed new Bylaws may be presented at any meeting of Medical Staff or via mail bal Medical Director will review proposed amendments and a the Medical Staff of conform the proposed Bylaws with federa state laws, and with the Byla Rules and Regulations of the A proposed amendment will adopted upon two-thirds affit vote of the Medical Staff. The	Article 4, amended tence use h of tric ting a Staff ments," dments aws or be the dvise use hity of all and two and e Center. be rmative	Completion Date: 05/26/2023 Status: APPROVED Date: 06/15/2023

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· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001369			00	05/05/2023	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 53D1	Continued from page 38			S 53D1	change will not become efferunless and until approved in by the Medical Director and Governing Body. MEASURES TAKEN TO E PROBLEM DOES NOT RE Annual review of the GPS M Staff Bylaws will ensure incomplete of all practitioners currently operating or seeking privileg be included. HOW PERFORMANCE WITMONITORED: Facility Administrator will not compliance with POC during review of all GPS documents. DATE OF COMPLETION: 06/16/2023	writing the NSURE CUR: Iedical lusivity Ses will ILL BE nonitor g annual	

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l	A BLDG:	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
39C0001369		<u></u>	05/05/2023		
GREATER PITTSBURGH SURGERY LLC 1675 STA	RESS, CITY, STATE, ZI TE RT 51 SON HILLS, PA				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY PREFIX MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SECRESS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
Based upon a review of facility documents, credential files (CF), and staff interview (EMP), it was determined that the facility failed to assure that credentialed practitioners met requirements as outlined in the Medical Staff Bylaws in 4 of 4 credential files (CF3, CF4, CF5, and CF7). Findings Included: On May 5, 2023, a review of the Bylaws of the Medical Staff of Greater Pittsburgh Surgery, LLC (Adopted March 7, 2022 and Last Approved-April 25, 2023). Section: Definitions: " 4. PHYSICIAN means an individual with an MD or DO degree who is fully licensed to practice medicine. 7. PRACTITIONER means a duly licensed physician. In certain instances, for the purpose of these Bylaws, and these Bylaws only, the term "practitioner" may also mean a CRNA, NP or a PA " Article 4: Medical Staff Membership: B. Qualifications for Membership: " 1 Hold a valid license issued by the Commonwealth or					

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER.		(X2) MULTI A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001369		B. WING:		05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG			(X5) COMPLETE DATE
S 53D1	Pennsylvania to practic as a CRNA, NP or PA. On May 4, 2023, a reverse medical staff privileges 03/01/2023 to a Doctor (DPM); thus, not meets staff membership as out B(1), "Hold a valid lic Commonwealth of Pennedicine or osteopathy On May 4, 2023, a reverse medical staff privileges 03/01/2023 to a DPM; for medical staff membership as out by the provided staff privileges 03/01/2023 to a DPM; for medical staff membership as out by the provided staff privileges 03/01/2023 to a DPM; for medical staff membership as out by the provided staff privileges 03/01/2023 to a DPM; for medical staff membership as out by the provided staff membership as out by the provided staff privileges 03/01/2023 to a DPM; for medical staff membership as out by the provided staff privileges 03/01/2023, a revenue of the provided staff privileges 03/01/	iew of CF3, revealed as had been granted or of Podiatric Medicing the criteria for mathematical in Article 4, Stense issued by the ansylvania to practical" iew of CF4, revealed as had been granted or thus, not meeting the pership as outlined invalid license issued by the ansylvania to practically"	I that on ine nedical Section e I that on e criteria on Article 4, oy the e	S 53D1			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
		39C0001369			00	05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53D1	medical staff privileges 03/01/2023 to a DPM; criteria for medical state Article 4, Section B(1) by the Commonwealth medicine or osteopathy. On May 4, 2023, a revemedical staff privileges 03/01/2023 to a DPM; criteria for medical state Article 4, Section B(1) by the Commonwealth medicine or osteopathy. On May 5, 2023, at 12 that the Bylaws of the Pittsburgh Surgery, LL for the appointment of Medicine to the medical	thus, not meeting the ff membership as out, "Hold a valid licent of Pennsylvania to part of CF7, revealed is had been granted of thus, not meeting the ff membership as out, "Hold a valid licent of Pennsylvania to part of Pennsylvania to part of C did not contain la Doctors of Podiatric	tlined in se issued practice If that in the se issued practice in	S 53D1			

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PLAN OF CORRECTION (POC) IDENTIFICATION NUMB		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001369		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 05/05/2023		
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGERY E NUMBER: 24911501		STREET ADDRESS, CITY, STATE, ZIP CODE: 1675 STATE RT 51 JEFFERSON HILLS, PA 15025					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCE MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 53D1	Continued from page 42			S 53D1				
S 551D				S 551D				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00_		(X3) DATE SURVEY COMPLETED:	
		39C0001369				05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		STREET ADDRESS 1675 STATE JEFFERSON	RT 51				
(X4) ID PREFIX TAG	MUST BE PRECEED!	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 551D	Continued from page 43			S 551D			
	\$555.12 Medical Orders - Oral orders for medication only under urgent circumstances when it is im given in written manner by the responsible practition administered in accordance with \$555.13 (relating to ac personnel qualified by their professional license or Commonwealth and according to medical staff bedocument the orders in the proper place in the medical shall include the date, time and full signature of the shall be countersigned by a practitioner is not the attending physician, the practitioner is attending physician and shall be knowledgeable abo Countersignatures may be received by facsimile transmitted.	practical for the orders the orders ther. Oral orders shall be deministration of drugs) of certification issued by the order of the patient. The person taking the order order of the order. If the ling hall be authorized by the ut the patient 's condition ission.	only by the defined order are and		HOW DEFICIENCY WILL CORRECTED: EMR vendor, Streamline, with contracted to add a verbal or field. The field will include that and time of the order, the full signature of the person takin order, and the signature of the ordering physician. GPS numbered educated on the changes the EMR. MEASURES TO ENSURE PROBLEM DOES NOT REFORDLEM DOES NOT REFORDLEM DOES NOT REFORDLEM TO THE PROBLEM OF THE PRO	ill be der the date il g the ne rses will to the THE CUR: gnee will NCE: ed by gnee for secutive ase to 6	Completion Date: 05/26/2023 Status: APPROVED Date: 06/20/2023

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001369				05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		Y LLC	STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51			
(X4) ID PREFIX TAG	X MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 551D	Continued from page 44			S 551D	DATE OF COMPLETION: 07/15/2023		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
		39C0001369			<u>uv</u>	05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 551D	Continued from page 45			S 551D			
	Based on review of fac	•					
	medical records (MR), staff (EMP) it was det		•				
	staff (EMP), it was determined that the facility fa to ensure that oral orders for medication or						
	treatment were accepte	ed only under urgent					
	circumstances, and the	facility failed to ens	sure the				
	oral order included the	date, time, and full	signature				
	of the person taking the	e order and that the	order				
	was countersigned by a	•					
	medical records review	ved (MR2, MR3, MF	R4, and				
	MR10).						
	Findings include:						
	On May 5, 2023, revie	w of facility policy '	'Verbal				
	Order Policy" last date						
	Verbal orders given ora	ally for drugs and bi	ologicals				
	must be followed by a	written order and sig	gned by				
	the prescribing staff me	emberB. The auth	orized				
	individual(s) receiving	the verbal order cor	nfirms the				
	order and records the n	nedical staff member	rs name				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001369			00	05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 551D	Continued from page 46			S 551D			
	and order. 1. Document order. 2. Document the of NSSS at 50cc/hr) 3. title of the person who Document who implen Obtain the medical stat 48hrs". On May 5, 2023, revie 2/3/23, revealed at 102 solution was administe On May 5, 2023, revie 2/2/23, revealed at 125 solution was administe On May 5, 2023, revie 2/2/23, revealed at 133 solution was administe On May 5, 2023, revie 2/2/23, revealed at 133 solution was administe On May 5, 2023, revie 2/2/33, revealed at 11	e verbal order (e.g., so Document the name received the order 4 mented the verbal order from the member's signature work of MR2, date of so 6 Versed 1mg in 1m ared. No order found work of MR3, date of so 6 Versed 1mg in 1m ared. No order found work of MR4, date of so 2 Versed 1mg in 1m ared. No order found work of MR4, date of so 2 Versed 1mg in 1m ared. No order found work of MR4, date of so 2 Versed 1mg in 1m ared. No order found work of MR10, date of	etart IV e and . der C. ee within ervice ag/ml . ervice ag/ml . ervice				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 39C0001369		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 551D	Continued from page 47 solution was administered. No order found. On May 4, 2023, at 1:04pm, EMP2, when asked about documentation of verbal orders, stated that staff do not document verbal orders. Nurses document what is given and done, and the physician signs off on the nurse's note. On May 5, 2023, at 11:30am, EMP3 confirmed the above findings. EMP3 also confirmed that these medications are prepared from a verbal order from the physician.		asked ed that es physician rmed the	S 551D			
S 554A				S 554A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			COM		(X3) DATE SURV COMPLETED:	(3) DATE SURVEY OMPLETED:	
		39C0001369		A. BLDG: _ B. WING: _	00	05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER' SE NUMBER: 24911501	Y LLC	STREET ADDRESS 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)				OULD BE	(X5) COMPLETE DATE	
S 554A	Continued from page 48 555.24 (a) Surgical Services 555.24 Postoperative Care (a) The findings and to be accurately and completel dictated immediately after pmedical staff member who physician assistant or certifiperformed part of the operatechniques of the procedure completely recorded and the by the medical staff membe a part of the patient's medi This REGULATION is not	echniques of an operation y written or procedure by the practition performed the operation and registered nurse praction, the findings and shall be accurately and a report shall be countered. This description shall cal record.	oner . If a stitioner	S 554A	HOW DEFICIENCY WILL CORRECTED: A policy on Medical Record documentation will be devel All GPS staff will be educate policy Streamline will add the field "Estimated blood loss" and r hard stop to ensure document of this parameter. MEASURES TAKEN TO E PROBELEM DOES NOT R HOW PERFORMANCE IS MONITORED: 100% of all charts will be au Clinical Manager looking for accuracy of the operative nor compared with other document in the EMR. EBL field will be audited to hard stop is functioning and documentation in this field. goal is 100% compliance for consecutive months beginnin 07/01/2023. Once this is ach	oped. ed on the make it a matation NSURE ECUR & TO BE dited by r te as entation ensure there is The 3	Completion Date: 05/26/2023 Status: APPROVED Date: 06/20/2023

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001369		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 05/05/2023	ΞY
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 554A	Continued from page 49			S 554A	auditing will decrease to eve months. DATE OF COMPLETION: 07/15/2023	гу 6	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001369	B. WING:				
GREATER	VIDER OR SUPPLIER: RPITTSBURGH SURGERY E NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 554A	Continued from page 50		S 554A				
	Based on review of fac records (MR), and inte						
	(EMP), it was determine	•					
	ensure the findings and were accurately writter	•	-				
	practitioner who perfor	•	-				
	ten medical records rev	viewed (MR1, MR4,	MR5,				
	MR6, and MR10).						
	Findings include:						
	On May 5, 2023, a poli	cy regarding accura	cy of				
	medical record docume						
	pertaining to procedure	-	s was				
	requested. None was able to be provided.						
	On May 4, 2023, review	·	ervice				
	2/23/23, revealed there						
	documented as given d	• • • • • • • • • • • • • • • • • • • •					
	The Procedure Note bySedation: Moderate S	-					
	sedation: Moderate S	sedation was admini	Sieleu				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER					(X3) DATE SURVEY COMPLETED:		
		39C0001369			00	05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER E NUMBER: 24911501	Y LLC	STREET ADDRESS. 1675 STATE I JEFFERSON	RT 51		-	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 554A	Continued from page 51			S 554A			
	using Versed and Fentanyl".						
	On May 5, 2023, revie	w of MR4, date of se	ervice				
	2/2/23, revealed there	was no estimated blo	ood loss				
	amount documented in completed by the pract	-					
	On May 5, 2023, revie	w of MR5, date of se	ervice				
	2/3/23, revealed there	was no estimated blo	ood loss				
	amount documented in	-					
	completed by the pract	titioner.					
	On May 5, 2023, revie	w of MR6, date of se	ervice				
	2/9/23, revealed there	was no medication					
	documented as given d	luring procedure by	the staff.				
	The Procedure Note by	-					
	"Sedation: Moderate						
	using Versed and Fenta	•					
	also failed to include the amount.	ne estimated blood lo	OSS				
	On May 5, 2023, revie	w of MR10, date of	service				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001369		B. WING:		05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER E NUMBER: 24911501	YLLC	STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 554A	Continued from page 52 2/23/23, revealed there amount documented in completed by the pract On May 5, 2023, at 11 above findings.	the procedure note itioner.		S 554A			
S 554G				S 554G			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED: A. BLDG:00 B. WING: 05/05/2023			EY				
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS, CITY, STATE, ZIP CODE: 1675 STATE RT 51 JEFFERSON HILLS, PA 15025					
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 554G	Continued from page 53 555.24 (g) Surgical Services 555.24 Post Operative Care (g) Patients shall be disigned order of a practitione This REGULATION is not	ischarged only upon the	written	S 554G	HOW DEFICIENCY WILL CORRECTED: Education on the rationale at process of obtaining a discharged order before discharging pat be provided to GPS Nursing procedural practitioners in the of a read and sign. An email notification informing the appropriate staff of the education will be sent on 6/5/2023. The deadline for the completion education will be 06/16/2023. MEASURES TO ENSURE PROBLEM DOES NOT RE MONITORING OF PERFORMANITORING OF PERFORMANITORING OF PERFORMANITORING WILL BE AUCLINICAL Manager to monitor compliance with discharge of completed and signed by practitioner before the patient discharged from facility. Noncompliance will be discussive the individual nurse who discharged the patient. The graph of the patient of the patient of the patient. The graph of the patient of the patient. The graph of the patient of the patient. The graph of the patient of the patient of the patient. The graph of the patient of the patient of the patient. The graph of the patient of the patient of the patient of the patient of the patient. The graph of the patient of th	nd arge ient will staff & ne form ation e of the 3. CCUR & RMANCE: adited by orders at is ussed no goal is	Completion Date: 05/26/2023 Status: APPROVED Date: 06/20/2023	

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Pennsylvania Department of Health

390	C0001369		A. BLDG: B. WING:	(A2) MOLTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED: A. BLDG: _00		
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	C 1	STREET ADDRESS, C 1675 STATE R' JEFFERSON H	Т 51			
(X4) ID SUMMARY STATEMENT OF DEI PREFIX MUST BE PRECEEDED BY F TAG IDENTIFYING I			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 554G Continued from page 54			S 554G	months. Once this is achieved auditing will decrease to even months. Auditing will begin 07/01/2023 DATE OF COMPLETION: 07/15/2023		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER					(X3) DATE SURVE COMPLETED:	EY	
		39C0001369				05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGERY E NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 554G	Based on review of face medical records (MR), staff (EMP), it was det to ensure patients were written signed order of medical records (MR1, and MR9). Findings include: On May 5, 2023, facility Post-Operative Orders revealed "CA writed done prior to discharge On May 4, 2023, review 2/23/23, revealed that the table of table of the table of table	and interview with a cermined that the face discharged only on a practitioner for six, MR5, MR6, MR7, MR5, MR6, MR7, at policy last dated 3/2 tten and timed order and timed order and timed order and the patient was discharged by the patient was d	facility failed the x of ten MR8, adding (18/22, must be ervice targed at targe	S 554G			
	1351.						

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	ATEMENT OF DEFICIENCIES AND AN OF CORRECTION (POC) (XI) PROVIDER/SUPPI IDENTIFICATION NUI		ER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001369		A. BLDG:00_ B. WING:			
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS 1675 STATE	RT 51		,	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH I MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 554G	Continued from page 56			S 554G			
	On May 5, 2023, revie 2/3/23, revealed that the 0945. Review of the ordischarge order by the 2/3/23 at 1122. On May 5, 2023, revie 2/9/23, revealed that the 1236. Review of the ordischarge order by the 2/9/23 at 1400.	ne patient was discharder sheet revealed the physician was not so we of MR6, date of some patient was discharder sheet revealed the	ervice arged at he he he he he he he he				
	On May 5, 2023, reviee 2/23/23, revealed that a 1110. Review of the ordischarge order by the 2/23/23 at 1403.	the patient was discharder sheet revealed the	narged at he				
	On May 5, 2023, revie 2/23/23, revealed that 1203. Review of the ordischarge order by the	the patient was discharder sheet revealed the	narged at he				

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	TEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER N OF CORRECTION (POC) IDENTIFICATION NUMBE			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001369		A. BLDG:00_ B. WING: 05/05/2023		05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER E NUMBER: 24911501	YLLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 554G	Continued from page 57			S 554G			
	2/23/23 at 1404. On May 5, 2023, revie 2/23/23, revealed that 1 1010. Review of the or no order for discharge. On May 4, 2023, at 1:2 above findings for MR On May 5, 2023, at 11 above findings for MR MR9.	the patient was discheder sheet revealed the confirmation of the c	narged at there was med the				
S 5559				S 5559			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001369				05/05/2023	
GREATER STATE LICENS	VIDER OR SUPPLIER: R PITTSBURGH SURGERY SE NUMBER: 24911501		STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51 HILLS, PA	15025		I 00
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5559	following:	and procedures ares shall provide at leas iring anesthesia shall ha a practitioner, with of pertinent information othesia.		S 5559	HOW DEFICIENCY WILL CORRECTED & HOW THI FACILITY WILL ACT TO PATIENTS IN SIMILAR SITUATIONS: GPS policy CM3-004 "Anes Pre-op Post-op Evaluation" vamended to include evaluation practitioner is needed in add the evaluation by a CRNA. MEASURES TO ENSURE PROBLEM DOES NOT RE Education to all GPS staff or policy will be done and comby 07/15/2023. MONITORING OF PERFOTO ENSURE SOLUTIONS SUSTAINED: 100% of charts will be audite monthly by the Clinical Mather designee for 100% comp for 3 consecutive months. On	thesia will be on by a ition to CUR: the pleted RMANCE ARE ed nager or oliance nce	Completion Date: 05/25/2023 Status: APPROVED Date: 06/21/2023
					compliance is achieved the a will decrease to every 6 mon	-	

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Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG: _00		(X3) DATE SURVEY COMPLETED:	
		39C0001369		B. WING: 05/05/2023			
GREATER	VIDER OR SUPPLIER: 2. PITTSBURGH SURGER E NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 5559	Continued from page 59			S 5559			
					Date of Completion: 07/15/2	2023.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER					(X3) DATE SURVEY COMPLETED:		
		39C0001369			<u> </u>	05/05/2023	
GREATER	VIDER OR SUPPLIER: PITTSBURGH SURGERY E NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51		,	
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 5559	Continued from page 60			S 5559			
	Based on review of fac	ility materials, revie	ew of				
	medical records (MR),	and interview with	facility				
	staff (EMP), it was dete	ermined that the fac	ility failed				
	to ensure that the patien	nt requiring anesthes	sia did not				
	receive a pre-anesthesis	a evaluation by a pra	actitioner				
	for four of ten medical	records reviewed (N	MR5,				
	MR7, MR8, and MR9)	l.					
	Findings include:						
	On May 5, 2023, review	w of facility policy					
	"Anesthesia Pre-Opera	tive/Post-Operative					
	Evaluation" last dated	3/18/22, revealed "	A.				
	Patients scheduled at th	ne facility for genera	ıl, IV				
	sedation, regional, or lo	ocal standby procedu	ures are				
	interviewed or reviewe	ed by the CRNA price	or to the				
	surgical procedure".						
	On May 5, 2023, review	w of MR5, date of se	ervice				
	2/3/23, revealed that th	e pre-anesthesia eva	luation				
	was not completed by a	a practitioner.					
	On May 5, 2023, review	w of MR7, date of se	ervice				
	2/23/23, revealed that t	the pre-anesthesia ev	aluation				
	was not completed by a	a practitioner.					

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER				IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:		
		39C0001369	A. BLDG:00 B. WING:				
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER E NUMBER: 24911501	YLLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEED!	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5559	On May 5, 2023, revie 2/23/23, revealed that the was not completed by 2/23/23, revealed that the was not completed by 2/23/23, revealed that the was not completed by 3/20 On May 5, 2023, at 11 above findings.	the pre-anesthesia eva a practitioner. w of MR9, date of so the pre-anesthesia eva a practitioner.	valuation ervice valuation	S 5559			
S 5950				S 5950			

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Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG:00_ B. WING:		(X3) DATE SURVEY COMPLETED:	
		39C0001369		B. WING: _		05/05/2023	
NAME OF PROVIDER OR S GREATER PITTSE STATE LICENSE NUMBER	BURGH SURGERY	YLLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID S PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
559.5 St 559.5 Nu so that the patient co of the pa	hey contribute to the are. Nursing record atient's medical reco	s and reports shall become		S 5950	HOW DEFICIENCY WILL CORRECTED: EMR vendor, Streamline, wisignature lines for each of the following sections: Pre-Prod Intra-Procedure, and Post-Preserved Nursing notes, to indicate with nurse is documenting the carprovided. This signature will electronically date and time. These will be hard stops preserved documentation in the subsequareas until a date, time, and sare filled in in the previous signer generated by the EMR. MEASURES TO ENSURE PROBLEM DOES NOT REMONITORING OF PERFORMATION	ill add e cedure, cocedure hich re I be stamped. venting uent signature ection. on the CUR & RMANCE: dited by nat the roperly re are e,	Completion Date: 05/26/2023 Status: APPROVED Date: 06/20/2023

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Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001369		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 5950	Continued from page 63			S 5950	compliance for 3 consecutive months. Once this is achieve auditing will decrease to eve months. Auditing will begin 07/01/2023. DATE OF COMPLETION: 06/16/2023	d	

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001369		B. WING:		05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 5950	Based on review of factorecords (MR), and interecords (MR), and interesure nursing notes with medical records (MR1 MR6, MR7, MR8, MR Findings include: On May 5, 2023, reviete "Procedure Records Dedated 3/18/22, revealed signed and/or initialed" On May 4, 2023, reviete 2/23/23, revealed on 2/2 Nursing Procedure Dodate and service time for including Pre-Procedure Nursing Post-Procedure N	rview with facility somed that the facility for the facility policy for the facility policy for the facility policy for the facility policy for the facility fo	taff failed to of ten MR5, " last timed, ervice ne same it, itation, ind	S 5950			

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STATEMENT OF DEFICIENCIES A PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001369	: A. BLDG:	TIPLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 05/05/2023
NAME OF PROVIDER OR SUPPLIER GREATER PITTSBURG STATE LICENSE NUMBER: 2491	H SURGERY LLC	STREET ADDRESS, CITY, STATE 1675 STATE RT 51 JEFFERSON HILLS, PA		J
I	RY STATEMENT OF DEFICIENCIES (EACH DE T BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	HOULD BE COMPLETE
Signature at practitioner. On May 4, 2 2/3/23, reve Procedure E service time Pre-Procedure Intra-Procedure Post-Procedure Are signature at practitioner. On May 4, 2 2/2/23, reve Procedure E service time Pre-Procedure Intra-Procedure Int	the end of document was of the 2023, review of MR2, date of saled on 2/3/23 at 0919 that the cocumentation had the same date for all sections under it, including Nursing Documentation, dure Nursing Documentation, a ure Nursing Documentation. Usection was completed and by we the end of document was of the	ervice Nursing tte and ding and Juknown whom. te ervice Nursing tte and ding		

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	XI) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001369		B. WING: _		05/05/2023		
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE		
S 5950	Continued from page 66			S 5950				
	when each section was Signature at the end of practitioner. On May 5, 2023, revie 2/2/23, revealed on 2/2 Procedure Documental service time for all sec Pre-Procedure Nursing Intra-Procedure Nursing Post-Procedure Nursing when each section was Signature at the end of practitioner.	We of MR4, date of so 2/23 at 1109 that the tion had the same da tions under it, include 3 Documentation, and Documentation, and Documentation. Us 5 completed and by v	ervice Nursing te and ding nd Inknown					
	On May 5, 2023, reviee 2/3/23, revealed on 2/3 Procedure Documental service time for all sec Pre-Procedure Nursing Intra-Procedure Nursing Post-Procedure Nursing	3/23 at 1122 that the tion had the same da tions under it, include Documentation, and Doc	Nursing te and ling nd					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 39C0001369			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 05/05/2023		
GREATE	ovider or supplier: R PITTSBURGH SURGER SE NUMBER: 24911501	YLLC	STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEED	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 5950	when each section was Signature at the end of practitioner. On May 5, 2023, revie 2/9/23, revealed on 2/9 Procedure Documenta service time for all sec Pre-Procedure Nursing Intra-Procedure Nursing When each section was Signature at the end of practitioner. On May 5, 2023, revie 2/23/23, revealed on 2 Nursing Procedure Do date and service time for all section was Signature at the end of practitioner.	To document was of the work of MR6, date of so 2/23 at 1047 that the tion had the same dations under it, included Documentation, and Documentation, and Documentation. Us completed and by work document was of the work of MR7, date of so 2/23/23 at 0758 that the cumentation had the for all sections under the Documentation, and Documentation, a	ervice Nursing te and ling nd nknown whom. e ervice he same it, ntation, nd	S 5950			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	I ' '		00	(X3) DATE SURVI COMPLETED:	EY
		39C0001369		B. WING: _		05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 5950	Continued from page 68			S 5950			
	when each section was Signature at the end of practitioner. On May 5, 2023, revie 2/23/23, revealed on 2. Nursing Procedure Do date and service time fincluding Pre-Procedure Intra-Procedure Nursing Post-Procedure Nursing when each section was Signature at the end of practitioner.	We of MR8, date of solution was of the work of MR8, date of solution was determined to the work of the	ervice he same it, ntation, nd Inknown				
	On May 5, 2023, reviee 2/23/23, revealed on 2, Nursing Procedure Do date and service time f including Pre-Procedu. Intra-Procedure Nursin Post-Procedure Nursin	/23/23 at 0632 that the cumentation had the for all sections under re Nursing Documentation, a	he same it, ntation, nd				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 39C0001369			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURV COMPLETED: 05/05/2023	EY	
GREATE	OVIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51		1	
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 5950	when each section was Signature at the end of practitioner. On May 5, 2023, review 2/23/23, revealed on 2 Nursing Procedure Do date and service time from the including Pre-Procedure Nursing Post-Procedure Nursing when each section was Signature at the end of practitioner. On May 4, 2023, at 1: above findings for MR On May 5, 2023, at 11 above findings for MR MR9, and MR10.	ew of MR10, date of /23/23 at 1105 that the cumentation had the for all sections under re Nursing Documentation, and Documentation. Us completed and by we document was of the 20pm, EMP2 confirmal, MR2, and MR3.	service he same it, ntation, nd Inknown whom. he	S 5950			

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED:		
		39C0001369		B. WING:		05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6123				S 6123			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER.				PLE CONSTRUCTION:	COMPLETED:		
		39C0001369				05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6123	Continued from page 71 561.2 (c) Pharmaceutical Ser (c) Contracted pharma provided in accordance with professional practices and le required if these services are organization. This REGULATION is not	vice ceutical services shall be the same ethical and egal requirements that we provided directly by the	ould be	S 6123	HOW DEFICIENCY WILL CORRECTED: A written contract from veno supplying pharmaceutical se will be obtained by July 15, kept in Contracted Services Procurement of medications only service the vendor prov The professional, organization administrative responsibility quality of services rendered a provided directly by the organ and supervised by the Medic Director. MEASURES TO ENSURE PROBLEM DOES NOT REMONITORING OF PERFORMATION O	dor crvices 2023 and binder. is the rides. conal and of for the are anization cal CUR & RMANCE: will be ning	Completion Date: 05/26/2023 Status: APPROVED Date: 07/06/2023
				inventory of all medications including the name of the druguantity in stock, and expira dates will be verified by the	ug, tion		

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:			
		39C0001369			<u>vv</u>	05/05/2023			
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER E NUMBER: 24911501	YLLC	1675 STATE R	STREET ADDRESS, CITY, STATE, ZIP CODE: 1675 STATE RT 51 JEFFERSON HILLS, PA 15025					
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE				
S 6123	Continued from page 72			S 6123	Director. DATE OF COMPLETION: 07/15/2023				

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001369			<u>uv</u>	05/05/2023	
GREATER	VIDER OR SUPPLIER: RPITTSBURGH SURGERY E NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	(X5) COMPLETE DATE		
S 6123	Based on review of fact with facility staff (EMI facility failed to ensure pharmaceutical service accordance with the sarpractices and legal required if these service the organization. Findings include: On May 4, 2023, a list requested. On May 5, 2023, revier revealed that there is not facility for the pharmaceutical provided through an outen the pharmaceutical contract regarding pharmaceutical pharmaceutical contract regarding pharmaceutical pharmaceutical pharmaceutical contract regarding pharmaceutical ph	P1), it was determined that contracted as were provided in me ethical and professivements that would be were directly professivements are directly professivements. We of the facility contracted services were directly contracted services that atside source.	essional d be vided by es was tracts, or the t are :00am, ave a	S 6123			

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PLAN OF CORRECTION (POC) IDENT		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001369	DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/05/2023		
GREATE	OVIDER OR SUPPLIER: R PITTSBURGH SURGERY SE NUMBER: 24911501		STREET ADDRESS, CITY, STATE, ZIP CODE: 1675 STATE RT 51 JEFFERSON HILLS, PA 15025						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE			
S 6123	Continued from page 74			S 6123					
S 6124				S 6124					

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	BER:		PLE CONSTRUCTION: (X3) DATE S COMPLETE		EY	
		39C0001369			00	05/05/2023		
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501			STREET ADDRESS, CITY, STATE, ZIP CODE: 1675 STATE RT 51 JEFFERSON HILLS, PA 15025					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 6124	Continued from page 75 561.11 Principle The ASF shall provide pharmaceutical service to in administrative functions and through the proper storage a Facilities shall be provided preparation, and dispensing This REGULATION is not	equipment and supplies applement its professional to ensure patient safety and dispensing of drugs. for the storage, safeguat of drugs.	ıl and	S 6124	Prescription pads - GPS police CM2-017 Prescription Pad Swill be amended to include, prescription will be numbered log created listing the date, pname, and medication that we prescribed. 2. The prescription log will be checked daily during days of operation by the person does the crash cart check. Crash cart - a plastic tampers seal locking the crash cart haplaced. During the inspection crash cart that occurs daily doays of operation, if the seal broken a complete inspection cart and an inventory of mediand supplies will be complete checks of the crash cart include fibrillator, O2, and suction equipment. An inventory list of medication supplies with dates of expiral been created. The first operation of every month the person responsible for the daily crasticheck will examine the list a medications/supplies are due expire within the month the	Jecurity 1. Each ed and a patient vas on pad ring the son who proof as been of the during is nof the dications ed. Daily ade the notation has ting day Sh cart on if any eto	Completion Date: 05/26/2023 Status: APPROVED Date: 07/06/2023	

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39C0001369 A. BLDG:00_ B. WING: 05/05/2023	
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501 STREET ADDRESS, CITY, STATE, ZIP CODE: 1675 STATE RT 51 JEFFERSON HILLS, PA 15025	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6124 Continued from page 76 S 6124 Cart will be opened and the item(s) removed and replaced and the expiration date updated on the list and a new tamperproof seal placed. Unlocked medication refrigerator - A locksmith has been contracted to place a lock on the medication refrigerator in the clean supply room. The key for the refrigerator will be kept by the DON or her designee in her absence. Formulary of medications - A list of all medications with dates of expiration has been created. This list will be reviewed monthly on the first operating day of the month by the Facility Administrator and medications that are due to expire within the next month will be reordered and replaced. Pre-drawn medications - GPS policy CM2-013, Multiple Use Drug Vials, has been amended to state that "medications stored in syringes or any other containers other than the manufacture's vials are not approved and will be discarded immediately uptood and will be discarded immediately up	

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· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
		39C0001369		B. WING: _		05/05/2023		
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		Y LLC	STREET ADDRESS, CITY, STATE, ZIP CODE: 1675 STATE RT 51 JEFFERSON HILLS, PA 15025					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DA			
S 6124	Continued from page 77			S 6124	independent physicians, and contracted anesthesia) on the policies and processes will be completed by 07/15/2023. Examiles be done as small group inservices with the staff sign attendance roster or read and emails for those not able to a by 07/15/2023. MEASURES TO ENSURE PROBLEM DOES NOT RE Weekly auditing by the DON Crash cart log, the prescritpt log, examination of the mediate frigerator for any evidence pre-drawn medications, and inventory list of medications begin on 06/20/2023 and cord 3 months. The Medication refrigerator will also be inspectedly by the DON to monil locked. These audits will contain the contracted anesthesia on the contra	e ducation ing an disign attend CUR: Nof the ion padication of the swill attinue for ected tor if it is attinue been es staff and ese		
					policies and procedures will	be done		

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	■ *		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:			
		39C0001369		A. BLDG: _ B. WING: _	00	05/05/2023			
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER E NUMBER: 24911501	Y LLC	STREET ADDRESS, CITY, STATE, ZIP CODE: 1675 STATE RT 51 JEFFERSON HILLS, PA 15025						
(X4) ID PREFIX TAG	MUST BE PRECEED!	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 6124	Continued from page 78			S 6124	through small group sessions read and sign education for to not able to be at GPS before deadline of 07/15/2023. Proceducation of staff will be thresigned attendance roster or estating the education was read MONITORING OF PERFORMATION and the signed attendance of the stating will continue until 13 months is reached. Once the occurs monitoring will be deto every 6 months. The DON ultimately responsible for the DATE OF COMPLETION: 07/15/2023	those the of of rough a email ad. RMANCE: 100% for nis ecreased N will be			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001369				05/05/2023	
GREATER	NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PROVIDER'S PLAN OF CORRECTION (EACH PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETE DATE	
S 6124	Based on observations, review of facility documentation, and staff interview (EMP), i determined the facility failed to ensure pharmaceuticals were secured, stored, and maintained according to professional standar Findings include:			S 6124			
	On May 5, 2023, a revititled, "Prescription Padate of January 20, 202" "Procedure:C. Any mads/forms must be im Medical Director and a An investigation is performed on May 5, 2023, a polymedications was requested.	o the filed.					

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
		39C0001369		A. BLDG: _ B. WING: _	_00	05/05/2023			
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER' SE NUMBER: 24911501	Y LLC	STREET ADDRESS, CITY, STATE, ZIP CODE: 1675 STATE RT 51 JEFFERSON HILLS, PA 15025						
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S 6124	Continued from page 80		S 6124						
	IDENTIFYING INFORMATION)								

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6124	tamper proof seal on the that the cart has been used a crash cart has been used broken or found open, perform a complete insequence of the complete insequen	racked. E. In the every sed, or the lock has be a designated person expection of the cart	ent that been will " btion on them the rveyor MP3	S 6124			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001369			00	05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER E NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEED!	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6124	Continued from page 82			S 6124			
	On May 4, 2023, at 12 EMP3 how the facility prescription sheets mis EMP3 confirmed they keep track."	would know if there sing from the tablets	e were s and				
	unlocked clean supply medication refrigerator including precedex, su	n May 4, 2023, at 12:50 PM, observation nlocked clean supply room revealed an undedication refrigerator that contained medical precedex, succinylcholine, atropouronium bromide, and thrombin.					
	During an interview or EMP3 confirmed that I refrigerator containing not locked.	ll as the					
	On May 4, 2023, at 12 observed to be unlocked closed in the PACU are	ed with drawers not t	totally				

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· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:			
		39C0001369				05/05/2023			
NAME OF PROVIDER OR SUPPLIER: GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501		Y LLC	STREET ADDRESS, CITY, STATE, ZIP CODE: 1675 STATE RT 51 JEFFERSON HILLS, PA 15025						
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S 6124	Continued from page 83 The cart also lacked a 6	drug inventory list.		S 6124					
	During an interview on May 4, 2023, at 12:30 PM, EMP3 confirmed that the facility keeps the crash cart unlocked and "we keep the key in the lock," in case we need to use the cart in an emergency. Further interview confirmed that the facility does not keep an inventory list of emergency medications on the cart. A list of these medications was requested of the facility, none was ever provided.								
	On May 4, 2023, at 12:30 PM during the tour of the facility, an unlocked crash cart was observed to contain on 100ml bag of Sodium Chloride 0.9% with an expiration date of June 2022, and a 1000ml bag of Sodium Chloride 0.9% with an expiration date of February 2023.								
	During an interview at EMP3 confirmed that t								

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001369			<u></u>	05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 6124	expired. EMP3 was as person responsible for there wasn't one. On May 4, 2023, at 12 the facility, the unlock containing the unlocke observed to have a ziplabeled Precedex 200m 21, 2023, a predrawn s Succhinylcholine 20m and a predrawn syringundated. During an interview at EMP3 revealed she did pre-drawn medications Further interview with had no policy on the predications. The unlocalso contained a box contained and contained a box contained	:50 PM during the to ed clean supply roomed medication refriged lock bag that contain ncg/100ml dated February 15, e labeled Atropine 1 the time of observation't know how those is ended up in the refricted and the redrawing up of anesticked medication refri	our of merator was ned a bag oruary 2023,25ml tion, expired rigerator. he facility sthesia	S 6124			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			LE CONSTRUCTION: (X3) DATE SUI COMPLETED:		ΞY
		39C0001369		B. WING: _	<u></u>	05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGERY E NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6124	Recuronium Bromide 3 date of May 1, 2023. During an interview at EMP3 confirmed the m When asked to provide inventory or formulary confirmed the facility of an inventory of medical	the time of observations were experience a copy of the facility of medications, EM doesn't maintain a formal control of the co	tion, pired. ty IP3	S 6124			
S 6747				S 6747			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001369				05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER E NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
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S 6747	Continued from page 86 567.43 Ventilation System The ventilation system shall in accordance with the writt ensure that a properly condi minimum filtration, humidit is provided in critical areas recovery suites under Chapter 571 (relating to continue This REGULATION is not	ten maintenance schedul tioned air supply meetin ty and temperature requi such as the surgical and astruction standards).	e to ng irements	S 6747	HOW DEFICIENCY WILL CORRECTED: A policy for monitoring term in the PACU, Clean Utility I and ORs was created. The poincludes the desired emperat range per FGI guidelines, the process for daily monitoring temperatures, and the process what to do if the temperature out of the normal range. MEASURESN TAKEN TO PROBLEM DOES NOT RE A log was created with the p document daily during days operation the temperatures of areas. The log also includes process for who to notify and to do if the temperatures are of the normal range. Educatiform of a read and sign will provided to GPS nurses and on the process for temperature monitoring and what to do if temperature is out of range.	BE peratures Room, blicy ure e of the s for e(s) are ENSURE CUR: colicy to of f the the d what outside on in the be techs re	Completion Date: 05/26/2023 Status: APPROVED Date: 06/20/2023
					temperature is out or range.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	ON NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001369		B. WING:	<u>uu</u>	05/05/2023		
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER E NUMBER: 24911501	YLLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51				
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHORES CROSS-REFERENCED TO THE ACTION THE ACTION OF THE ACTION	OULD BE	(X5) COMPLETE DATE	
S 6747	Continued from page 87			S 6747	MONITORING OF PERFO Clinical Manager or her desi conduct 2 random log audits month to check for compliar documentation of temperature adherence to the process if temperatures are outside the range. The goal would be 10 compliance with the monitor process. Once this is achieve auditing will decrease to ever months. DATE OF COMPLETION: 07/15/2023.	ignee will s per nee with res and normal 100% ring ed the		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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S 6747	Continued from page 88			S 6747			
	Based on review of fac	-					
	with facility staff (EMI						
	facility failed to ensure						
	requirements were prov	vided in recovery su	ites.				
	Findings include:						
	On May 4, 2023, review	w of "Guidelines fo	r Design				
	and Construction of Ou	-					
	2018, revealed"SUR						
	CARERecovery root		ature				
	70-75 degrees Fahrenh	eit".					
	On May 4, 2023, facili	ty policies for tempe	erature				
	and temperature monitor	oring of recovery are	ea were				
	requested, none were p	rovided.					
	On May 4, 2023, review	w of Post Anesthesis	a Care				
	Unit temperate logs rev	vealed 1/6/23 69.5 d	egrees				
	Fahrenheit, no follow u	•					
	degrees Fahrenheit, no	follow up action, 1/	19/23				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001369			00	05/05/2023	
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	YLLC	STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6747	Continued from page 89 69.4 degrees Fahrenhe 2/2/23 no temperature 2/3/23 69.4 degrees Fa action, and 2/9/23 69.2 follow up action. On May 4, 2023, at 12 above findings.	or humidity docume hrenheit, no follow to degrees Fahrenheit.	nted, up , no	S 6747			
S 6916	above midnigs.			S 6916			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001369		A. BLDG: _	PLE CONSTRUCTION: (X3) DATE SUR COMPLETED: 05/05/2023		EY
GREATER	VIDER OR SUPPLIER: R PITTSBURGH SURGER SE NUMBER: 24911501	Y LLC	STREET ADDRESS, 1675 STATE I JEFFERSON	RT 51			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	STATEMENT OF DEFICIENCIES (EACH DEFICIENCY BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE		
S 6916	Continued from page 90 569.32 Fire Inspection The ASF shall request local fire department. This REGULATION is not	an annual inspection by met as evidenced by:	its	S 6916	HOW DEFICIENCY WILL CORRECTED: Jefferson Hills Fire Departm on 5/14/2023 and conducted check of the electrical panels oxygen shutoff. They also participated in a fire drill and evacuation of patients. They requested a key for GPS to b in the building lockbox as the already have one for other te MEASURE TO ENSURE PL DOES NOT RECUR: To ensure compliance with F 569.32, a spreadsheet was crilisting all annual requirement to be completed, and the DO regulation for reference. This spreadsheet will be posted in offices of the Facility Manage DON and electronically on the desktop of the Facility Administrator. Calendar rem will also be created and sent electronically to the DON, F. Manager, and Facility Administrator.	nent came a safety s and d also be placed bey enants. ROBLEM PA code reated bits, dates OH s a the ger and he he hinders facility	Completion Date: 05/25/2023 Status: APPROVED Date: 05/31/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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S 6916	Continued from page 91			S 6916	3 months prior to the deadling MONITORING OF PERFORM A column to document the completion date for each of annual requirements will be in on the speadsheet so that time of completion can be monitorated the Facility Manager and/or Date of Completion: 05/25/2	RMANCE: the ncluded neliness ared by DON.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001369			00.	05/05/2023	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6916	Based on a review of fainterview (EMP), it was to request an annual in department. Findings include: On May 4, 2023, a reviewealed the last request was dated February 15 facility on February 21	is determine the facility firest to the local fire degrees, 2022, and they carr	lity failed fire re binder partment	S 6916			
	A request for the policy fire department was made an interview or EMP2 confirmed the fainspection from the local stated, "We are behind	ade, none was provious at 4, 2023, at 9:2 acility hasn't request al fire department as	ded. 25 AM, ed an				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001369			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/05/2023		
GREATER	vider or supplier: PITTSBURGH SURGER' E NUMBER: 24911501	YLLC	STREET ADDRESS, 1675 STATE F JEFFERSON	RT 51			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6916	Continued from page 93			S 6916			

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Certified End Page

GREATER PITTSBURGH SURGERY LLC

STATE LICENSE NUMBER: 24911501 SURVEY EXIT DATE: 05/05/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY